

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL
HEALTH SERVICES AND OTHER FUNDED SERVICES
AMADOR COUNTY MENTAL HEALTH PLAN REVIEW
October 23, 2017
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Amador County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2017/2018 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 17-050), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP’s 24/7 toll-free telephone access line and a section detailing information gathered for the 7 “SURVEY ONLY” questions in the protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

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RESULTS SUMMARY: SYSTEM REVIEW

SYSTEM REVIEW SECTION	TOTAL ITEMS REVIEWED	SURVEY ONLY ITEMS	TOTAL FINDINGS PARTIAL or OOC	PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OO) OR PARTIAL COMPLIANCE	IN COMPLIANCE PERCENTAGE FOR SECTION
ATTESTATION	5	0	0/5		100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25		100%
SECTION B: ACCESS	54	0	3/54	B5f, B9a2, B9a3	94%
SECTION C: AUTHORIZATION	33	3	0/33		100%
SECTION D: BENEFICIARY PROTECTION	29	0	0/29		100%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1		100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6		100%
SECTION G: PROVIDER RELATIONS	11	0	0/11		100%
SECTION H: PROGRAM INTEGRITY	26	1	5/26	H5a1, H5a2, H5a3, H5a4, H5a5	81%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34		100%

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SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21		100%
TOTAL ITEMS REVIEWED	245	7	8		

Overall System Review Compliance

Total Number of Requirements Reviewed	245 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	8	OUT OF 245		
OVERALL PERCENTAGE OF COMPLIANCE	IN	97%	OOO/Partial	3%
	(# IN/245)		(# OOO/245)	

FINDINGS

ATTESTATION

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. All requirements were deemed in compliance. A Plan of Correction is not required.

SECTION B: ACCESS

PROTOCOL REQUIREMENTS	
B5f.	Does the MHP have a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)?
<ul style="list-style-type: none"> • CFR, title 42, section 438.10(d)(i),(ii) • CCR, title 9, chapter 11, sections 1810.110(a) and 1810.410(e)(4) 	<ul style="list-style-type: none"> • CFR, title 42, section 438.10(d)(2) • MHP Contract, Exhibit A, Attachment I

FINDINGS

The MHP did not furnish evidence it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing). DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Cultural Sensitivity Plan, MHP Staff Certification Form. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, no mechanism by certified staff to ensure accuracy of translated materials. The MHP indicated that they have staff translate materials and then materials are reviewed by Promotores de Salud. However, the MHP could not

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provide documentation showing that staff has written fluency in the threshold language of Spanish. Protocol question(s) B5f is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing).

PROTOCOL REQUIREMENTS	
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?
<ul style="list-style-type: none"> • CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1) • CFR, title 42, section 438.406 (a)(1) 	<ul style="list-style-type: none"> • DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16 • MHP Contract, Exhibit A, Attachment I

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) test calls are summarized below:

Test Call #1 was placed on 10/22/17, at 6:35pm. The call was answered by a phone tree, the Phone Tree had the following prompts: 1 for English or 2 for Spanish. Caller pressed 2 to verify Spanish line. Caller pressed 1 for English; Recording advising the hours of operation; prompt for live operator for immediate services; Prompt to leave a message for a call back. Caller pressed prompt for live operator (answered after 2 rings). Caller requested SMHS services (scenario 2), Operator assessed caller for urgent condition and advised him/her immediate services are available. Caller declined urgent services and operator offered time (8:00 am – 6:00pm) and location of MHP clinics (10877 Conductor Blvd #300, Sutter Creek, Ca 95685 & Sierra Winds-(209) 223-7500; 12265 Martel Road, Martel, Ca 95654-walk-in services) as well as assessment process and SMHS offered. The operator even mentioned the SMHS that the caller would most likely benefit from. Operator advised the caller of the availability of the 24/7 access line. This call is deemed in compliance with regulatory requirements for protocol questions B9a1, B9a2 and B9a3.

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Test Call #2 was place to Amador County Behavioral Health on 9/22/17 at 7:34 am. The call was answered after one ring by a phone tree to press one for English and went directly to Spanish. Upon pressing one, a recording provided business hours 8 am-5 pm Monday through Friday and that a crisis worker will be with you. After two rings, the call was answered by an operator. The operator asked how the caller was doing and the caller answered he was doing "ok". The caller requested information on how to access services from the county and the operator provider the business hours and informed the caller that he/she is a trained counselor. He mentioned that they are available evenings, weekends, and after hours for suicide crisis, and that they are available 24/7 by calling the toll free number. The operator informed the caller that they have walk in service. When you sign up, they will assess you and see what type of services you need. The operator asked for the caller's number to have someone call back with information. The caller informed the operator that he/she will think about it and if he/she decides to obtain services, he/she will go to the clinic. The operator provided its address (10877 Conductor Blvd., Suite 300, Sutter Creek). The operator also informed the caller that he/she could obtain a Medi-Cal Guide and Provider List. The caller thanked the operator and ceased the call. The call is deemed In Compliance with protocol questions B9a1, B9a2 and B9a3 because the operator provided information on how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and how to treat an urgent condition and 24/7 toll free number with preferred language in the county (Spanish).

Test Call #3 was placed on September 28, 2017, at 7:32am and immediately greeted by a phone tree identifying itself as Amador Behavioral Health. The phone tree provided the hours of operation and stated that the caller could speak with a crisis worker. The caller chose to speak with the crisis worker but stated the call was regarding information on how to access SMHS. The operator provided the phone number, hours of operation and the address of a Sutter Creek clinic for assessments and services. The operator advised the caller to call back or walk into the clinic during business hours. The caller was provided information on how to access SMHS including assessment for medical necessity. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #4 Test call #2 was placed on September 20, 2017, at 7:38 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county. The operator asked if the caller was a danger of hurting him/herself or others. The caller replied in the negative. The operator asked if the caller felt he/she needed counseling or needed to speak with someone immediately, adding that both options are available. The caller responded that he/she felt that counseling would be fine. The operator asked the caller to provide his/her name and contact information, DOB, and health coverage. The caller provider his/her name, address, DOB, Medi-Cal as the health coverage, and stated that he/she was using a friend's phone number and preferred not to provide the number. The operator asked if the caller was Hispanic or partially Hispanic. The caller replied in the negative. The operator advised the caller that the county does a screening and a clinician would give him/her a call to complete the screening. The clinician would then make an intake appointment. The operator proceeded to explain the consent information and the financial contract that is signed in the event the caller loses his/her Medi-

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Cal. The operator advised the caller that a phone number would be required in order to do the screening. The caller thanked the operator and stated that he/she would call back after speaking to his/her friend about utilizing their phone number as the contact number. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition. The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #5 was placed on September 26, 2017, at 9:23 a.m. The call was initially answered after one (1) ring via a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide his/her name and telephone number. The caller provided a name and stated he was using a friend's phone. The operator asked if the caller was from Amador County and the caller stated; "they just moved from San Bernardino." The operator advised the caller that someone from the county would contact the caller later in the week to schedule an assessment. No additional information about SMHS was provided to the caller. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition. The call is deemed out in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

Test Call #6 Test call was placed on October 4, 2017, at 8:43 am. A live operator answered the call after one (1) ring. A phone tree did not route the caller nor did the caller hear any prerecorded information. Instead, a live operator answered the call directly and immediately. The operator greeted the caller professionally and asked how she could provide assistance. The caller requested information about how to file a complaint about a therapist she has been seeing. The operator informed the caller she could come by the office and fill out a complaint form. The operator offered to take the information/complaint over the phone at that time. The caller declined and stated she could not talk about it over the phone at that time. The caller asked if the forms were available online. The operator asked if it was OK to place the caller on hold briefly while she checked on that information. The operator returned to the line in less than one minute and reported that the forms were not currently available online. The operator then asked the caller if she would like the forms mailed to her. The caller thanked her for the offer but declined. The caller then asked if the complaint process is anonymous or if the therapist would be given her name. The operator informed the caller that issues stated in the complaint are disclosed and discussed for resolution, but identifying patient information is not shared. The caller then asked for the office hours, which the operator stated as 8 am to 6 pm. The caller prompted the operator by asking if that was Monday through Friday. The operator confirmed those hours on those days. The operator did not provide the caller with any additional information about SMHS, nor did she attempt to collect any beneficiary identification. The caller thanked the operator and disconnected the call. The call is deemed in compliance with the regulatory requirements for protocol questions B9a4.

Test Call #7 was placed on 10/05/2017 at 2:17pm. The caller requested information on how to file a complaint against Amador County. The operator explained that they had two types of forms, a compliant form and a grievance form. Delores indicated that the caller could walk in

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and obtain the form or could verbally file it over the phone. She also indicated that the caller could change my provider. The caller asked if it could be done online and the operator indicated that it was not available online. The operator ask for name and personal information but the caller declined to provide the information. The caller indicated they would be walking in to get the compliant form and then she thanked the caller and the call was disconnected.

FINDINGS

Test Call Results Summary

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	IN	IN	N/A	N/A	N/A	N/A	N/A	100%
9a-2	IN	IN	OOC	IN	OOC	N/A	N/A	60%
9a-3	IN	IN	IN	IN	OOC	N/A	N/A	80%
9a-4	N/A	N/A	N/A	N/A	N/A	IN	IN	100%

In addition to conducting the seven (7) test calls, DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Implementation Plan, Provider Contracts, Access Policy, Test Call Guidelines, scripts and logs. The documentation provides sufficient evidence of compliance with federal and/or State requirements. Protocol questions A9a2 and A9a3 are deemed in partial compliance.

PLAN OF CORRECTION

The MHP will submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary’s urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

SECTION H: PROGRAM INTEGRITY

PROTOCOL REQUIREMENTS	
H5.	Regarding monitoring and verification of provider eligibility:
H5a	Does the MHP ensure the following requirements are met:
	<ul style="list-style-type: none"> 1) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers, including contractors, are not on the Office of Inspector General List of Excluded Individuals/Entities (LEIE)?
	<ul style="list-style-type: none"> 2) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not on the DHCS Medi-Cal List of Suspended or Ineligible Providers?

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	3) Is there evidence that the MHP has a process in place to verify new and current (prior to contracting/employing) providers and contractors are not in the Social Security Administration's Death Master File?
	4) Is there evidence that the MHP has a process in place to verify the accuracy of new and current (upon enrollment and re-enrollment) providers and contractors in the National Plan and Provider Enumeration System (NPPES)?
	5) Is there evidence the MHP has a process in place to verify new and current (prior to contracting/employing and monthly thereafter) providers and contractors are not in the Excluded Parties List System/System Award Management (EPLS/SAM) database?

FINDINGS

The MHP did not furnish evidence it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: P&P 3-350 Selection, Retention, Credentialing and Re-credentialing of Employees, Contractors, Volunteers and Interns, Contractor Boilerplate, MHP Licensure & Exclusion Check off List. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP does not thoroughly monitor its contract providers. The MHP does not obtain monthly reports from contractors nor do they conduct any spot checking. The MHP does not have a direct monitoring process for contractors. Protocol question(s) H5a1, H5a2, H5a3, H5a4, H5a5 is deemed OOC.

PLAN OF CORRECTION

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it monitors and verifies provider eligibility (prior to contracting and monthly) to ensure providers, including contractors, are not on the OIG LEIE, Medi-Cal List of Suspended or Ineligible Providers, the NPPES, and the EPLS/SAM database.

SURVEY ONLY FINDINGS

SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES

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PROTOCOL REQUIREMENTS	
A6.	Regarding therapeutic foster care service model services (referred to hereafter as “TFC”):
A6a.	<p>SURVEY ONLY</p> <p>1) Does the MHP have a mechanism in place for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency?</p>
	<p>2) If the MHP does not have a mechanism in place to provide TFC, has the MHP taken steps to ensure that TFC will be available to children/youth who require this service, either through contracting with a TFC agency or establishing a county owned and operated TFC Agency?</p>
<ul style="list-style-type: none"> • <i>State Plan Amendment 09-004</i> • <i>MHSUDS Information Notice No. 17-009</i> • <i>MHSUDS Information Notice No. 17-021</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: Implementation Plan, P&P 1-113: Pathways to Wellbeing.

SUGGESTED ACTIONS

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements: The County shall seek other agencies to inquire about TFC services or could amend current contracts.

PROTOCOL REQUIREMENTS	
A7.	Regarding Continuum of Care Reform (CCR):
A7a.	<p>SURVEY ONLY</p> <p>Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?</p>
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

SURVEY FINDING

Although the MHP does not maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs), The MHP is meeting with other counties and contract providers in an effort to meet regulatory requirements. There was no evidence submitted to demonstrate the MHP maintains an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/Youth who have been determined to meet STRTP placement criteria.

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SUGGESTED ACTIONS

DHCS recommends the MHP continue working towards developing and maintaining an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria.

SECTION C: COVERAGE AND AUTHORIZATION

PROTOCOL REQUIREMENTS	
C4d.	Regarding presumptive transfer: SURVEY ONLY: 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?
	SURVEY ONLY: 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?
	SURVEY ONLY: 3) Has the MHP posted the contact information to its public website to ensure timely communication?
<ul style="list-style-type: none"> • <i>Welfare and Institutions Code 4096,5600.3(a)</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 1-110 Presumptive Transfer Joint Policy ACBH & ACCPS, ACCPS/ACBH tracking mechanism, and contact information posted on the MHP’s website.

SUGGESTED ACTIONS

No further action required at this time.

PROTOCOL REQUIREMENTS	
H2k.	Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
<ul style="list-style-type: none"> • <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i> • <i>MHP Contract, Exhibit A, Attachment I</i> 	

SURVEY FINDING

DHCS reviewed the following documentation provided by the MHP for this survey item: P&P 3-140 Corrective Actions, Fiscal Compliance Meeting Minutes (July 2017).

SUGGESTED ACTIONS

No further action required at this time.